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Draft country programme document for Armenia

Proposed UNFPA assistance:	$2.5 million: $1.3 million from regular resources and $1.2 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2005-2009)
Cycle of assistance:	First
Category per decision 2000/19:	Country with economy in transition

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	0.70	1.0	1.70
Population and development strategies	0.35	0.2	0.55
Programme coordination and assistance	0.25	-	0.25
Total	1.30	1.2	2.50

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I. Situation analysis

1. Following the collapse of the former Soviet Union, the disintegration of economic ties and border conflicts, Armenia suffered greatly. The economic collapse, which continued to 1994, was characterized by a dramatic decrease in the gross domestic product by two thirds. This resulted in widespread poverty and social disparities.

2. In the years following 1994, political and economic stability, coupled with the implementation of economic reforms, led to a revival in production and a reduction of the foreign debt. However, roughly half of the population continues to live in poverty. Income differences and inequalities in access to social services are among the highest in the former Soviet republics. Despite national poverty eradication efforts, it is unlikely that there will be sufficient national resources in the near future to expand and improve social services.

3. Armenia's social and economic transition also influenced population dynamics, and exacerbated a natural growth decline that began in the 1960s. The number of births fell from 87,000 in 1988 to 35,000 in 2003, and the fertility rate dropped from 3.0 in the 1980s to 1.2 in 2002. Life expectancy also continued to decrease: to 76 years for women and 71 years for men in 2001. Since the early 1990s, approximately 1 million people – over a quarter of the total population – have left the country. As a result, Armenia, which had a population of 3.2 million in 2001, now faces both depopulation and ageing.

4. After rising dramatically in the 1990s, the maternal mortality ratio decreased to 19.6 deaths per 100,000 live births during the period 2001-2003. According to the 2000 demographic and health survey, the infant mortality rate remains high at 36 deaths per 1,000 live births – two times higher than the official national estimates. Despite an increase in the contraceptive prevalence rate to 22 per cent in 2000, abortion rates remain high. It is estimated that 51 per cent of pregnancies terminate in abortion. Secondary infertility has reached 28 per cent, likely a result of complications from abortions and the incidence of sexually transmitted infections.

5. Awareness of sexual and reproductive health among youth is also limited: fewer than 1 in 5 teenagers receive information and advice from their parents. Cultural stigmas associated with adolescent sexuality as well as financial constraints also affect the use of services. Only 20 per cent of youth have ever used reproductive health services.

6. Although the surveillance and treatment system for sexually transmitted infections (STIs) was disrupted during the initial post-independence years, it appears that levels of STIs are now declining. Registered cases of HIV/AIDS total 254, due primarily to intravenous drug use and sexual transmission. Although there is no gender gap in education, the male-dominated political and economic environment discourages women's initiatives. Gender-based violence, including the trafficking of women and girls, has been exacerbated by emigration and is of great concern.

7. The adoption in 2002 of the reproductive health and reproductive rights law and the initiation of the poverty eradication strategy in 2003 constitute landmarks for promoting a rights-based approach to reproductive health and population issues. The national poverty reduction strategy identifies maternal and reproductive health as priority issues.

II. Past cooperation and lessons learned

8. UNFPA support to population programmes in Armenia began in 1995 in the form of stand-alone projects. A total of $1.3 million in

regular resources were budgeted to implement these projects from 1995 to present.

9. UNFPA focused its assistance on: (a) establishing a network of family planning units; (b) improving access to and the quality of antenatal services and emergency obstetric care; (c) establishing a national reproductive health and reproductive rights legal framework; (d) strengthening the capacity of the Government to manage and deliver reproductive health services; (e) improving the awareness and skills of young people in sexual and reproductive health; and (f) fostering partnerships between the Government and civil society.

10. UNFPA also supported the first national census and the dissemination of its results. UNFPA addressed gender issues by supporting interventions that strengthened the legal framework and provided equal access to information and services. The Fund has also been an active partner in formulating broader national development frameworks, such as poverty eradication and Millennium Development Goal (MDG) strategies, the national reproductive health programme, the national strategy on HIV/AIDS and national action plans to promote gender equality and to halt the trafficking of women and girls.

11. Since 1996, when UNFPA assisted in establishing a network of family planning service delivery points across the country, the contraceptive prevalence rate has grown from less than 1 per cent in 1994 to 22 per cent in 2000.

12. One of the major lessons learned is that not enough attention has been given to assessing the consequences of negative population trends on development and poverty, and to developing a policy dialogue to address the impact of below replacement-level fertility, ageing and migration.

13. Another lesson that has been learned is the need to agree on a long-term national strategy to secure funding for population and reproductive health programmes, including reproductive health commodity security. The strategy, which will detail the contribution of the Government and its gradual takeover of the reproductive health programme, will lead to expanded coverage and improved access to high-quality reproductive health services and information, and to the establishment of youth-friendly services.

III. Proposed programme

14. The proposed programme has been developed through a participatory approach with national stakeholders, donors and United Nations agencies, within the United Nations Development Assistance Framework (UNDAF). The proposed programme will have two components: population and development strategies, and reproductive health. Gender and advocacy will be incorporated in both components.

Population and development strategies component

15. The country programme for Armenia will contribute to three outcomes. The first of these outcomes is to ensure that national and sectoral policies consider the consequences of population dynamics (low fertility, migration and ageing) and their linkages with poverty and gender issues. There is one output within the population and development strategies component.

16. Output 1: Strengthened national capacity to implement poverty reduction policies that take into consideration population dynamics and gender disparities. This output will be achieved by: (a) promoting policy dialogue with the Government and civil society on population dynamics and its consequences; (b) supporting studies and research on the consequences of demographic trends; (c) mobilizing the public to support population and development issues; (d) supporting training on the relationships

between population and development for experts in sectoral ministries and facilitating their participation in professional forums; (d) providing technical assistance in policy formulation; (e) advocating and supporting data collection and analysis; and (f) urging decision makers and opinion leaders to support the implementation of national population policies.

Reproductive health component

17. The second outcome of the country programme, which is within the reproductive health component, is the improved utilization of high-quality reproductive health services, particularly by disadvantaged groups and young people. Two outputs will contribute to achieving this outcome.

18. Output 1: The population of reproductive age (including the poor, hard-to-reach groups, internally displaced persons and refugees), has improved knowledge of sexual and reproductive health and better access to reproductive health services. This output will be achieved by: (a) engaging in policy dialogue with the Government to increase the budget allocation to reproductive health within the framework of the current poverty reduction strategy programme; (b) developing a long-term reproductive health commodity security strategy for the country; and (c) replicating successful and innovative interventions.

19. Such interventions include: (a) expanding the coverage and outreach of mobile reproductive health teams and emergency obstetric care teams to remote and poor areas; (b) strengthening the capacity of the Ministry of Health in emergency obstetric care coordination and referral; (c) developing an effective reproductive health logistics and management information system; (d) providing family planning services through family doctors; (e) promoting knowledge sharing and the transfer of expertise from leading reproductive health centres to primary-level providers; and (f) strengthening the capacity of reproductive health service providers in managing infertility, reproductive tract cancers and menopause.

20. Other key interventions will include: (a) developing a comprehensive information, education and communication (IEC) strategy to increase the use of integrated reproductive health services; and (b) implementing sexual and reproductive health IEC activities (including those for perinatal care and the prevention of sexually transmitted infections (STIs) and HIV/AIDS) for the poor, hard-to-reach groups, internally displaced persons and refugees.

21. Output 2: Increased availability of youth-friendly services and improved knowledge and skills of young people to prevent unwanted pregnancies, sexually transmitted infections (STIs) and HIV/AIDS, and to achieve healthy lifestyles. This output will be achieved by: (a) providing technical assistance to the Ministry of Education and Science and to the Ministry of Health to develop a health education and family life curriculum for secondary and tertiary educational institutions; (b) supporting out-of-school activities to encourage healthy lifestyles; (c) introducing youth-friendly service protocols; (d) establishing, on a pilot basis, youth-friendly centres operated by the Ministry of Health, non-governmental organizations, universities and the army.

22. The third outcome of the country programme, which also falls within the reproductive health component, is to ensure that reproductive rights are implemented within policy frameworks and are part of the educational system. Two outputs will contribute to this outcome.

23. Output 1: Reproductive rights are incorporated into the human rights curriculum and other thematic curricula of educational institutions. This output will be achieved by: (a) identifying and assessing needs; (b) revising curricula and providing technical assistance; (c) incorporating new materials into

the existing training-of-trainers' programmes; and (d) implementing the training programmes.

24. Output 2: Increased awareness and support of the public, the media and key decision makers at central and local levels in addressing reproductive health and reproductive rights issues, gender equality and gender equity, including gender-based violence and the trafficking of women and girls.

25. Output 2 will be implemented through the following activities: (a) developing advocacy and orientation materials for selected government officials, parliamentarians and the media; (b) organizing round tables and advocacy meetings with the above groups; (c) incorporating reproductive health, reproductive rights and gender issues, including gender-based violence and trafficking, into the curriculum of the civil service institute; (d) providing technical assistance to review and develop standard regulations under the reproductive health and reproductive rights law; and (e) disseminating the approved regulations to concerned institutions and specialists.

IV. Programme management, monitoring and evaluation

26. The proposed country programme will be implemented using the national execution modality. UNFPA and the Government of Armenia will cooperate closely with United Nations agencies and other development partners in implementing and coordinating the programme. Joint reviews and joint monitoring of activities will be undertaken. Baseline data will be established at the inception of the programme and integrated into the component projects.

27. The UNFPA country office in Armenia will strengthen its fund-raising efforts, especially to maintain a steady supply of contraceptives. Minor renovation of key facilities that provide reproductive health services and information may also be undertaken.

28. The UNFPA country office in Armenia consists of a non-resident UNFPA Country Director based in Ankara, Turkey; an Assistant Representative; an administrative and finance associate; and a secretary. Programme funds will be earmarked for one logistics assistant within the framework of the approved country office typology. National project personnel may also be recruited to strengthen project implementation. The UNFPA Country Technical Services Team in Bratislava, Slovakia, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR ARMENIA

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
Population and development strategies	Outcome: Ensure that national and sectoral policies consider the consequences of population dynamics (low fertility, migration and ageing) and their linkages with poverty and gender issues Outcome indicators: • Number of PRSPs, regional and community strategies, policies and budgets adjusted on the basis of population data, findings and assessments Baselines: PRSP 2003; midterm expenditure framework 2004	Output 1: Strengthened national capacity to implement poverty reduction policies that take into consideration population dynamics and gender disparities Output indicators: • Number of people trained by UNFPA who are involved in poverty reduction and social policy formulation • Number of policy documents that consider population, demographic and gender aspects • Population and development data and indicators integrated into the social monitoring system Baseline: PRSP 2003	• Ministry of Finance and Economy, Ministry of Labour and Social Affairs, Ministry of Health, National Statistical Service, School of Civil Service • United Nations agencies, World Bank, International Monetary Fund, International Organization for Migration • Leading demographic and population centres in the region	Regular resources: $0.35 million Other resources: $0.2 million
Reproductive health	Outcome: Improved utilization of high-quality reproductive health services, particularly by disadvantaged groups and young people Outcome indicators: • Contraceptive prevalence rate increases from 22% to 30% • Maternal mortality rate decreases by 15% • Abortions reduced by one third • 15% decrease in incidence of STIs Baseline: Demographic and health survey (DHS) 2004	Output 1: The population of reproductive age (including the poor, hard-to-reach groups, internally displaced persons and refugees) has improved knowledge of sexual and reproductive health and better access to reproductive health services Indicator: • Increased number of women, especially poor and hard-to-reach women, refugees and internally displaced persons receiving high-quality antenatal and emergency obstetric care and treatment for STIs Baseline: DHS 2004; Ministry of Health statistics	• Ministry of Health and regional and local health authorities • Ministry of Finance and Economy • WHO, UNICEF and the World Bank (within the framework of health sector reform and the PRSP)	Regular resources: $0.6 million

UNDAF outcome 2 (cont'd): to improve the quality and accessibility of basic social services in accordance with the MDGs and the PRSP				
Programme component	**Country programme outcomes, indicators, baselines and targets**	**Country programme outputs, indicators, baselines and targets**	**Role of partners**	**Indicative resources by programme component**
		Output 2: Increased availability of youth-friendly services and improved knowledge and skills of young people to prevent unwanted pregnancies, STIs and HIV/AIDS, and to achieve healthy lifestyles Indicators: • Increase in percentage of men, women and young people knowledgeable about reproductive health, STIs, HIV/AIDS and healthy lifestyles • Number of primary service delivery points and family doctors conforming to youth-friendly service standards Baseline: 2002 UNFPA knowledge, attitudes and practices survey; 2001 sentinel survey; National HIV/AIDS Centre	• National health and educational institutions, National HIV/AIDS Centre, Centre for perinatology, obstetrics and gynaecology • United Nations partners • Ministries of Health, Education and Science, and Defence	Other resources: $0.8 million
[illegible] and accessibility of government institutions in accordance with the MDGs and the PRSP				
Reproductive health	Outcome: Ensure that reproductive rights are implemented within policy frameworks and are part of the educational system Outcome indicator: • Number of hours allocated to reproductive rights at various levels of the educational system Baseline: Statistics from the Ministry of Education and Science; reports from the national statistical service	Output 1: Reproductive rights are incorporated into the human rights curriculum and other thematic curricula of educational institutions Output 2: Increased awareness and support of the public, the media and key decision makers at central and local levels in addressing reproductive health and reproductive rights issues, gender equality and gender equity, including gender-based violence and trafficking Output indicators: • Curricula of all secondary, tertiary and vocational schools include reproductive health issues, in line with the Programme of Action of the International Conference on Population and Development (ICPD) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) • Number of speeches in Parliament addressing these issues Baseline: Statistics from the Ministry of Education and Science; official parliamentary records	• Ministry of Health, Ministry of Education and Science, Ministry of Justice, standing committees of Parliament, regional and local authorities, and selected NGOs • WHO, UNICEF, UNDP, UNHCR and the United Nations Department of Public Information • United Nations theme groups on gender and trafficking • National committees on gender and trafficking • Centre for perinatology, obstetrics and gynaecology	Regular resources: $0.1 million Other resources: $0.2 million Programme coordination and assistance: $0.25 million from regular resources